

Form 8 8-09-5m.

**PLACE OF DEATH**

County of Essex

District of \_\_\_\_\_

Town of Middlebury

or

City of.....

(If death occurs away from USUAL (No. RESIDENCE, give facts called for under "Special information.")

**FULL NAME**

ARIZONA TERRITORIAL  
BOARD OF HEALTH  
BUREAU OF VITAL  
STATISTICS  
Received at PHOENIX  
MAR 10 1910

# Arizona Territorial Board of Health

BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF DEATH**

Ter. Index No.

**County Registered Not**

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Dec 12 1969  
(month) (day) (year)

I hereby certify, That I attended deceased from

that I last saw him alive on Nov 25 1909 Dec 12 1909  
Dec 11 1909

and that death occurred on the date stated above at 4 A.M.  
The DISEASE or INJURY causing DEATH was as follows:

issuance

Where contracted.....Duration.....

Contributing cause(if any).....

Where contracted..... Duration.....

(Signed) G. W. Jurek M.D.

Dec 13 1909 Address interview!

**SPECIAL INFORMATION** only for Hospitals, Institutions, Transients, or Recent Residents.

Former or	How long at
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Usual residence.....Place of Death.....Days

Place of burial or removal	Date of burial or removal
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19

Undertaker	Address
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<p>_____</p>	<p>_____</p>
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Filed \_\_\_\_\_

1967 *Journal of the American Medical Association*

Filed 7/3 1980 Kelley

County Register.

**Incorrect certificates will be returned for correction.**